**CDC Information Council**
**Meeting Minutes**
**February 27, 2003, 3:00p.m.-5:00p.m.**
**Roybal Campus, Bldg. 16, Room 5126**

CDC Information Council met on February 27, 2003, Roybal Campus at 3:00p.m.
Barbara Holloway and Jim Seligman co-chaired the meeting.

**Updates/Announcements:**

- **Update of Gartner PHIN Review-Laura Conn**
    - **Interview participation**
    Gartner is conducting interviews as part of the PHIN review. Internal CDC
    interviewees have been identified but there are not many external partner
    nominations. Presently, there are three external partner slots to be filled. CIC
    members should submit suggestions to Laura Conn by COB Friday February 28,
    2003.

- **Call for Program POCs for Call Response and Surveillance System Project-
    Laura Conn**
    A contract has been let for the Call response and Surveillance System project. CIC
    members are invited to submit nominations for participation on the project. Laura
    Conn will send out an email inviting participation.

- **Responses on NEDSS CAM/PAM Request-Claire Broome**
    There are a number of proposals for nominations as candidates for PAMs
    designated to work with the NEDSS Base System. These include newborn hearing,
    lead, TB and foodborne diseases (scope to be refined). There will also be further
    opportunities for proposing candidates in addition to those listed above. Next steps
    include determining scope, data modeling, requirements gathering and
    development. The capacity will grow as the contractor gets things rolling.

- **Responses and Next Steps for Disease Topic Areas for Pilot Clinical Data
    Projects- Claire Broome**
    Claire Broome and Dixie Snider held a meeting to identify candidate disease areas
    for clinical disease areas. Notes have been distributed and there was good feedback.
    The plan is to move ahead with endorsements in the areas of stroke, asthma and
    meningitis. New candidates include syphilis, multi-drug resistant TB and influenza.
    Next steps include taking the priority areas and engaging with the program and
    particular data sources.

**Agenda Item #1: Bio Projects Update and Proposed Work Group for Data and Policy Issues – Jim Seligman**

**Bio Projects Update**
Jim Seligman introduced the BioWatch, BioSense and BioShield programs. BioWatch is a multi faceted, multi agency program with DOE, EPA and HHS. It involves air filter sampling to look for bio-agents in certain cities. The filters are tested for six agents. It is an extension of the EPA air quality testing. The testing in two cities is up and running. This program started with eight cities, grew to eighteen cities and is now at thirty cities. (It may go as high as one hundred and twenty cities.) CDC is placing people in the states to work in laboratories. This project is funded by homeland security. The consequence management team is creating a template for states to work with and hope to share a draft with the cities and states next week. The plan is for nineteen cities to be up and running by March. Lawrence-Livermore is doing the laboratory testing until the state labs can take over.

Work is being done with EPO in eight cities. Teams have been assembled to go out and gather information on the specific capabilities, capacities, gaps and best practices in each of these cities. Information will also be gathered on how good the coverage is with EPI X. There will be a follow-up call with the cities and states on February 28, 2003. The BioSense project involves a multiplicity of strategies. One of the goals is to figure out what can be done nationally to tap the resources for clinical data using sources such as Labcorp and Quest. The plan is to go to non- traditional data sources such as OTC, DOD medical affairs and the nurse call lines. CDC will act as a data intermediary and broker on behalf of cities and states. CDC has been challenged to do this rapidly and work is in progress to develop an overall project approach. The bio-intelligence center at CDC would be responsible for visualization and GIS mapping. A wide net is being cast to include hospital information systems such as Siemans, Semer, McKesson and GE.

Bioshield is a vaccine response, prophylaxis and prevention program.

Questions and Comments:
Q: How will these different programs interface?
A: BioWatch and BioSense are very complementary for detection activities. Data from BioSense can be used in coordination with data from BioWatch to see indicators.

C: Joseph Reid commented that he has been working with a prescription drug company and he has heard that Homeland security is now paying for data.
R: Jim Seligman indicated that our approach will be to pay an initial one- time cost for the set-up and facilitation of data flow, if necessary.


**Proposed Work Group for Data and Policy Issues-Claire Broome**
Claire Broome proposed forming a work group for dealing with policy issues associated with aggregation of data from different data sources.
**Background**:  CDC is working towards increasing bioterrorism surveillance in key cities to improve the speed and probability of detection and enable quicker response using both

traditional and non-traditional public health surveillance methods and data sources. Planning and implementing these new capabilities will likely raise policy, standards, and other issues that need thoughtful consideration, input from various perspectives, and resolution. Hence, a Working Group under the CDC Information Council, which has membership from CDC's major partner organizations, is advisable.

The following draft areas have been proposed for consideration.

**Scope**:

- Make recommendations to the CIC on information policy issues, e.g. approaches to appropriate data sharing, responsibilities for response, communications, privacy, etc.

- Obtain perspectives from participating cities on BT detection strategies, e.g. rapid access to detailed data, visualization approaches, and give advice on how best to make these projects meet public health needs.

- Identify strategies for maximizing support of public health professionals, minimize public health and clinical practitioner burden and strive for optimal usability.

- Communicate project approaches and polices to insure that public health and interested communities understand project intent and specifics.

- Help ensure that these efforts are synchronized and harmonized with other projects, initiatives, and directions.

**Action Item: Claire Broome encouraged members to submit comments and nominations for volunteers on the proposed Data and Policy Issues work group to Laura Conn by COB March 6, 2003.**

Questions and Comments:
Q: What decisions do you think need to be made in phase one?
A: We will be looking at access to view of data in terms of working with state and local health departments. Jim Seligman added that they will be prioritizing data sources and providing capability for local and state data which comes to CDC to be identified when it goes back to the states.

Q: Has the law enforcement or legal system been involved?
A: Bob Pinner indicated that law enforcement is involved. Jim Seligman explained that a data sharing agreement is being reviewed by Deb Tress in OGC.

**Agenda Item #2: Update from CIC Web Redesign Working Group: Content Management and Clearance- Marc Overcash**
Marc Overcash presented an update of the Content Management thread of the Web Redesign project. Marc highlighted the overall vision, current challenges, content

management, the publishing process, benefits and challenges of the new platform and next steps in the process.

The vision is described in the following bullets.

- The CDC is implementing an enterprise document and content management system as an integral part of the web redesign project.

- This system is to be a platform for the support of broad CDC document and content management needs and information policies through a reliable, secure, and coordinated content management platform.

- The platform will support CIO and enterprise needs to effectively and efficiently store, manage, classify, interchange, and track the broad and diverse information that CDC authors, manages, publishes and disseminates.

Current challenges include the following.

- Multiple and diverse information repositories that do not efficiently interchange information with each other.
- Descriptive information is not captured about each piece of content (e.g. short description, subject, etc)
- Lack of standard terminology to consistently describe each piece of content
- Difficult to determine the most current version of content, if the content has been cleared (and at what version), and what the current status of the content is (revised, outdated, errata)
- Lack of a unified process-driven platform to assure the review and authorization of content across the CDC as well as within some CIOs
- CDC leadership lacks tools to track ongoing and upcoming publications and newsworthy items

Content management includes the following.

- "**Content**" can include any information developed by the CDC that can be stored in electronic format.
    - o Documents, graphics, scanned images, fact sheets, guidelines
    - o Language independent
    - o Application-format independent though some functionality may only be available to specific applications, such as Word
    - o The format of published content (e.g. web, paper, e-mail, etc.) should be only the last step in the content management process
    `
- "**Management**" – unified framework to support the business processes and information policies.
- Functions include:
    - o Seamlessly exchange information among distinct organizational and functional repositories
    - o Workflow and content lifecycles

- o Integration with Outlook
- o Metadata and authority lists
- o Structured templates
- o Verifiable audit trails

An example of the publishing process is listed below.

- Author writes content in Microsoft Word
- Author enters the document into the content management system
- Ascribes some descriptive metadata
- "Reviews" the document with other CDC colleges collecting their comments in one place
- Checks paper into CDC Scientific Clearance
- Paper is sent back to the author with suggestions for revisions
- The paper is cleared; author makes final revisions and initiates publication process

Benefits of the new platform include:
1. Information can be exchanged across multiple repositories efficiently
2. Share information more effectively
3. Paves the way for collaborative content authoring
4. Search on information across the CDC for specific topics
5. Report on content and activities across the CDC and within CIOs
6. Reuse content
7. CIOs to develop content-oriented projects to meet their own needs while retaining enterprise context

The next steps for the project include the following.
1. User interface work, beginning of March
2. Release an out-of-the-box environment for administrators, mid March
3. Development guidelines released, end March
4. Production environment released, mid April
5. Pilot scientific clearance system, late April/early May
6. Continue to revise and improve

Questions and Comments:

C: Charlie Rothwell complimented the presentation and asked if Marc would be willing to take it on the road to get the message to branch chiefs and division directors.
A: Marc Overcash indicated that he is willing to give the presentation more broadly.

Q: Several people asked questions about metadata, especially on how to tag content.

A: Marc indicated that there will be browse functionality as well as a search functionality, which will be integrated with thesaurus. There will also be a frequently used section with a pick list.


Q: Is this only for Web-based content? Does it include non Web-based content?
A: Bob Pinner indicated that the initial target is for Web-based content but there needs to be more discussion on the implications of non-Web document management.

Marc Overcash explained that the majority of content may be intended for both Web and non-Web and the processes for both are the same. We would not want to have two different systems for each process.




**Attendees:**
Members/Alternates
Lee Annest (NCIPC)-envision
Andy Autry (NCBDDD)
Terry Boyd (NIP)-phone
Claire Broome (OD)
Janet Collins (NCCDPHP)
Ed Dacey (NIOSH)
Jeanne Gilliland (NCCDPHP)
Barbara Holloway (NCBDDD)
Debbie Jones (PHPPO)
Ed Kilbourne (ATSDR)
Tonya Martin (NCHSTP)
Charlie Magruder (PHPPO)
Dale Nordenberg (NCID)
Bob Pinner (NCID)
Charlie Rothwell (NCHS)-envision
Jim Seligman (OD)
Andrew Vernon (NCHSTP)

Partners:
Seth Foldy (NACCHO)-envision
Steve Hinrichs (APHL)-envision
Gianfranco Pezzino (CSTE)-envision
Dick Melton (ASTHO)-envision

Others:
Laura Conn (IRMO)
Mike Donnelly (OD)

Connie Dorner (EPO)
Shirlene Elkins (OD)
Donna Knutson (OTPER)
Barbara Nichols (IRMO)
Marc Overcash (IRMO)
Dan Pollock (IRMO)
Joseph Reid (IRMO)
Jaspal Sagoo (NCHSTP)-phone
Howard Smith (NCIPC)
John Teeter (IRMO)